



LA DEPT OF WILDLIFE AND FISHERIES  
ALLIGATOR HUNTER LICENSE  
APPLICATION FORM



SSN: \_\_\_\_\_ ZONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR HAIR: \_\_\_\_\_ COLOR EYES: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft \_\_\_\_\_ in WEIGHT: \_\_\_\_\_ \*HUNTER SAFETY #: \_\_\_\_\_

\*No person born on or after September 1, 1969 will be issued an alligator hunting license unless that person has completed an approved Hunter Education Course

I WISH TO APPLY FOR A LICENSE TO TAKE ALLIGATORS ON THE FOLLOWING PROPERTY

LANDOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

To be completed by Landowner/Land Manager ONLY

\_\_\_\_\_  
SIGNATURE OF LANDOWNER/LAND MANAGER

\_\_\_\_\_  
DATE

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DESCRIPTION OF AREA TO BE HUNTED

TOTAL ACRES HUNTED: \_\_\_\_\_ PARISH: \_\_\_\_\_

THIS ACREAGE WAS/WAS NOT (CIRCLE ONE) HUNTED LAST YEAR BY \_\_\_\_\_ (HUNTER)

WITH THIS APPLICATION YOU MUST SUBMIT: 1) PROOF OF OWNERSHIP (TAX RECEIPTS OR BILL OF SALE) CONTAINING PARISH, TOWNSHIP, RANGE, SECTION AND ACREAGE INFORMATION AND 2) A MAP OUTLINING THE PROPERTY BOUNDARIES. IF APPLICABLE A LEGAL ALLIGATOR HUNTING LEASE MAY BE SUBMITTED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S E-MAIL ADDRESS

I HAVE COMPLIED WITH ALL THE ABOVE REQUIREMENTS AND ACKNOWLEDGE THAT ANY FALSIFICATION OF THIS INFORMATION SHALL DISQUALIFY THIS APPLICATION AND MAY RESULT IN CRIMINAL PROSECUTION.

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

	PORTION	ACRES	HABITAT	TYPE	RATIO	PARISH	# TAGS ISSUED	BEG TAG #	END TAG #
1)									
2)									
3)									
4)									
5)									
6)									
7)									

LICENSE # ISSUED TO THIS APPLICANT \_\_\_\_\_

COMMERCIAL \_\_\_\_\_ \$25

ASSISTANT \_\_\_\_\_ +\$25